

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90094 045 ***150.00

DOCUMENT # M86325

1. Entity Name
LEWIS MARINE SUPPLY OF GREENPORT, L.I., INC.



Principal Place of Business

**230 CORWIN STREET
BOX 2103
GREENPORT, NY 11944**

Mailing Address

**PO BOX 21107
FT. LAUDERDALE, FL 33335-1107**

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04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0055835

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEPHENS, JOHN E
220 SW 32ND ST
FORT LAUDERDALE, FL 33315**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	LEWIS, JAMES R JR
STREET ADDRESS	220 SW 32ND ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DP
NAME	LEWIS, STEPHEN R
STREET ADDRESS	220 SW 32ND ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	DT
NAME	COLEMAN, CAROLYN
STREET ADDRESS	220 SW 32ND ST.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315
TITLE	DS
NAME	FRAM, SANDRA L
STREET ADDRESS	220 SW 32ND STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33315
TITLE	V
NAME	LEWIS, ALICE O
STREET ADDRESS	220 SW 32ND ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	DN
NAME	JOHN E. STEPHENS
STREET ADDRESS	220 SW 32ND ST
CITY-ST-ZIP	FT LAUD., FL 33315

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN E. STEPHENS, VICE PRESIDENT

April 21, 2004
Date

9547671235
Daytime Phone #